


FINANCIAL OPERATIONS — ARCHDIOCESAN BANK
OUTGOING WIRE TRANSFER REQUEST AUTHORIZATION FORM

from Archdiocesan Bank to Parish/School Local Bank

ORIGINATOR (CUSTOMER) INFORMATION:

Parish/School ID:		Parish/School Account Number:	
Parish/School Name:			
Parish/School Address:			
City:	State:	ZIP:	
Phone: Daytime (Primary):		Alternate:	
Amount of Wire Transfer:		Date of Wire Transfer:	
Withdrawal Purpose:			

WIRE TRANSFER AUTHORIZATION – RECIPIENT (BENEFICIARY) INFORMATION:

Bank Name:		Phone:	
Bank Address:			
Bank Routing Number:		Credit to Account Number:	
Parish/School Name:			
Parish/School Address:			
City:	State:	ZIP:	

My signature below indicates that I have the authority to execute this funds transfer request from the account(s) listed above. The Archdiocesan Bank may rely on the information I have provided in this request in executing the wire transfer.

Pastor/Principal Signature*

Date

*Please note: Facsimile signatures will not be accepted.

Sign and submit via fax or email to the following:
Financial Operations – Archdiocesan Bank

Fax: **312.534.5272** | Email: **archbank@archchicago.org**
FOR BANK USE ONLY

Verified by:	Date / Time:	Verified with (Pastor/Principal name):